

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	6,747,136
Issue Date	June 8, 2004
First Named Inventor	Persson et al.
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	6250-6146.20

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 105379

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

105379

OR

<input type="checkbox"/> Firm or Individual Name	
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Address	
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City		State		Zip	
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Country	
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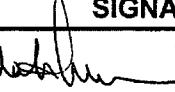
Telephone		Fax	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<input checked="" type="checkbox"/> 
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Name	<input checked="" type="checkbox"/> MATS A A PERSSON
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Date	<input checked="" type="checkbox"/> APRIL 19 2012
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Telephone	+46 70 209 69 40
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.